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THE CANADIAN MEDICAL ASSOCIATION
THE BRITISH MEDICAL ASSOCIATION

BULLETIN

of the

Manitoba Medical Association

November, 1933

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Manitoba Medical Association

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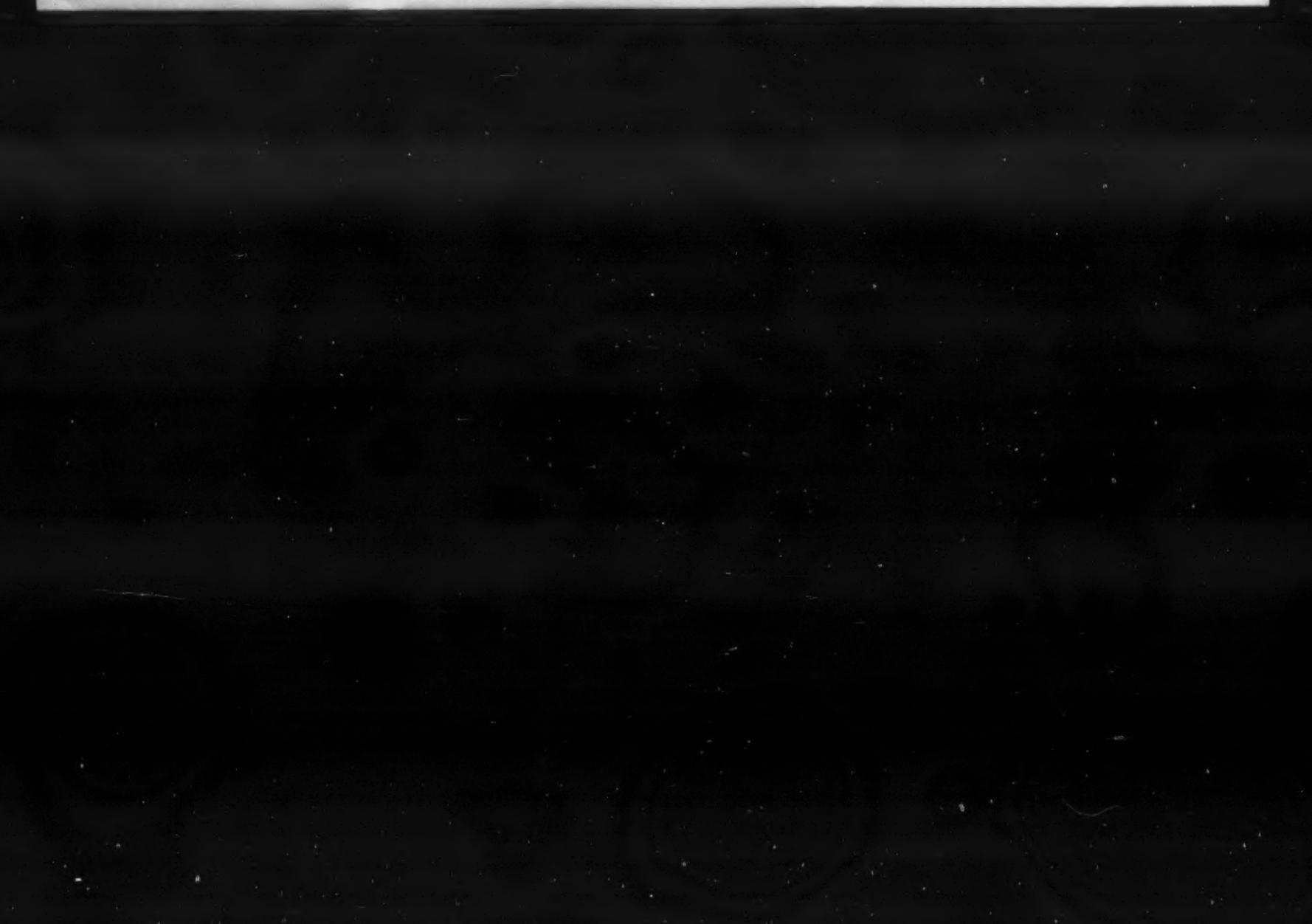

BULLETIN

of the

Manitoba Medical Association

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Editor—C. W. MacCHARLES Medical Historian—ROSS MITCHELL

Editorial or other opinion expressed in this Bulletin is not necessarily sanctioned by the Manitoba Medical Association.

Medical Services for Citizens on Relief

Report of Joint Committee

ONE of the minor difficulties which the joint committee of the Manitoba Medical Association and the Winnipeg Medical Society has encountered is the failure of the Prime Minister to make the announcement which he promised, when he received the representatives of the Canadian Medical Association at Ottawa on October 6th. The discussion at that meeting and the general terms of Mr. Bennett's undertaking are set forth in this copy of the *Bulletin*. It would be premature to take decisive steps while there is a possibility of the delay being due to difficulty in preparing the exact form of the announcement.

With regard to the Victoria Hospital situation, two points must be made clear. The executive did not consider it advisable to enter into a discussion through the columns of the press with the directors of the hospital. It would not be difficult, where there are several questions concerned, to bring into prominence some side issue, and thus cloud the general argument.

Seeing that the medical profession has been attempting for one year to arrange with the provincial and civic authorities for a satisfactory medical service to the unemployed on relief, the action of this hospital tends to delay rather than to further this object. The Victoria Hospital alone, of all the hospitals in Greater Winnipeg, has taken an attitude definitely antagonistic to the aims of the organized medical profession. The controversy from the beginning has been between the profession and the authorities representing the province and the city. The Victoria Hospital, for reasons best known to itself, has allowed itself to be used as a pawn in this disagreement.

The doctors are not prepared to be onlookers while the Victoria Hospital is used to pull the civic chestnuts out of the fire. Whatever action is being taken by the joint committee is in furtherance of the ultimate objective, *namely*, a medical service which will be satisfactory to the profession and to the unemployed on relief, without imposing an unreasonable burden on the taxpayer.

"They shall not grow old, as we that are left grow old;
Age shall not weary them, nor the years condemn;
At the going down of the sun, and in the morning
We will remember them."

Armistice Day Service

November 11, 1933

The annual Armistice Day Service was held in the Medical College on November 11th. Dr. W. W. Musgrove, President of the Manitoba Medical Alumni Association, presided. Members of the faculty and the medical students met before the Memorial at the entrance to the medical school. The medical detachment of the C.O.T.C. also paraded. At eleven o'clock, two minutes of silence was observed, in keeping with the custom throughout the Empire. Dr. Musgrove laid a wreath at the base of the Memorial. The group then entered the hall in the new building, where the address was given by Dr. Ross Mitchell. The ceremony was concluded with the National Anthem.

Armistice Day Address

ROSS MITCHELL
B.A., M.D., C.M. (Man.), F.R.C.P. (C.), F.A.C.S.
Major C.A.M.C.

Mr. President, Mr. Dean, Members of the Faculty,
Ladies and Gentlemen:

Again we are met to reverence the memory of the heroic dead of our medical school. It is right, fitting and proper that we now do so, and that we continue through the years to recall those who paid with their lives the last measure of their devotion to duty.

It is almost fifty years to the day since our school came into being, and within that time its members have witnessed three wars of increasing magnitude. If Minerva, goddess of heavenly wisdom, lent her aid to the founding of this college, Mars, the god of war, shook his sword by the cradle of the infant institution. Scarcely sixteen months after its inception war clouds lowered on the Saskatchewan, the call to arms rang out, students and professors enrolled in the forces. One of the first to fall was a young medical student, Alexander Fergusson, son of one of the founders of the school.

The revolt of 1885 was a local affair; the South African war at the beginning of the century called out the might of the whole British Empire. Again one of our students laid down his life. Then in 1914 arose that mighty conflict which raged for four years and deluged the world with blood. In that war over eleven hundred graduates of the University of Manitoba served their country and from the Faculty of Medicine seven, in the bright morning of life, made the supreme sacrifice.

That, briefly, is the record of our heroic dead. At this solemn moment, set aside from the rest of the year for remembrance, let us ask what lesson is to be learned from this memorial ceremony. Certainly it is not that war is glorious. The whole training and practice of the medical man is away from war. The study of the humanities which encourages the broader vision, the pursuit of science which shows that wisdom does not have her abode with only one race or people, above all the practice of medicine which inspires a deep reverence for man created in God's image, all these combine to make him

seek to save life rather than to destroy it. "Lister, the Quaker, saved more lives than all the wars of all the ages had thrown away." A bold statement, that, yet it was made in our hearing at Winnipeg by Lord Moynihan, himself a surgeon of the first rank who, as such, knew whereof he spoke. "Peace hath her victories no less renowned than war." Brilliant as have been the discoveries of medical science they will pale beside the glory of those yet to be made. For, as medical men we are called to wrestle not with flesh and blood or against principalities and powers but to do our part in the eternal struggle against the forces of ignorance and disease.

Is not the lesson for us, then, to carry on this struggle with the same devotion and selflessness as inspired those whom today we honour? If we do so we shall become their spiritual heirs, for, as Pericles said to the Athenians: "the whole earth is the sepulchre of famous men; and their story is graven not only on stone over their native earth, but lives on far away, without visible symbol, woven into the stuff of other men's lives."

The Delegation to Ottawa *re.* Medical Care of the Unemployed

On October 6th a delegation from the Canadian Medical Association was received by the Right Honourable, the Prime Minister, at Ottawa, the purpose being to discuss the question of the medical care of unemployed persons and their dependents throughout Canada. The following gentlemen constituted the delegation:— Drs. G. A. B. Addy, Saint John, President of the Canadian Medical Association; T. C. Routley, Toronto, General Secretary, Canadian Medical Association; L. Gérin-Lajoie, Secretary, Medical Association of the Province of Quebec; F. C. Neal, Peterborough, President, Ontario Medical Association; E. S. Moorhead, Winnipeg, representing the Manitoba Medical Association; and D. S. Johnstone, Regina, representing the Saskatchewan Medical Association. The representations of the delegation were made in the form of a document, which is reproduced below, and was spoken to by each member.

184 College Street,
Toronto 2, October 5, 1933.

The Right Honourable R. B. Bennett, K.C.,
Prime Minister of Canada,
Ottawa.

Dear Sir,

Acting upon instructions of the Canadian Medical Association, which body represents the organized medical profession of Canada, we appear before you to-day. Most respectfully, Sir, do we desire to direct your attention to the following:—

(1) The Government of Canada is recognizing and discharging an honourable and humane obligation in providing funds out of the national treasury to the Provincial Governments of Canada, to extend relief to unemployed citizens and their dependents who are in need.

(2) If we are properly informed, relief expenditures have been set out by your Government to include food, fuel, shelter and clothing, but do not include medical care.

(3) On March 21st we wrote you, urging that medical care be included in unemployment relief. (A copy of the letter is attached to this memorandum.)

(4) On March 24th you replied, stating in part that "the Federal Government makes contributions to enable the Provinces to fittingly discharge their obligations." (A copy of the letter is attached to this memorandum.)

(5) The Provincial Governments of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, and Prince Edward Island have advised the Canadian Medical Association that, in their opinion, medical care is an obligation which should be included in unemployment relief.

(6) The above mentioned Provincial Governments have further advised the Canadian Medical Association that, if permission were granted them by the Federal Government to include medical care in the list of relief provisions to which the Federal Government is contributing a portion of the cost, such care would be provided.

(7) The medical profession always has given freely of its services to those unable to pay for such services. But there comes a limit, beyond which any citizen, doctor or layman, finds himself powerless to proceed in giving of his time or money.

(8) At the present time, the medical profession in some parts of Canada, have reached the point where they cannot further supply medical care gratuitously to persons on relief. The profession, however, adhering to its ideals and traditions, and having in mind that its first duty is the protection of the public health, will gladly undertake to contribute, by way of service, one-half of the cost of such care during the present emergency, and would respectfully suggest that the other half of the cost of their professional services be assumed by the State.

May we summarize.—

(1) The Federal Government is providing relief funds to the provinces.

(2) Such relief funds are intended to assist each province to fittingly discharge its obligations.

(3) The provinces have stated that medical care is an obligation and that the doctors should not be asked to contribute their services gratuitously, thus carrying the entire cost.

(4) The doctors are willing to contribute one-half the cost during the present emergency, by accepting as their fees half the established tariff rate for their province.

(5) The provinces are willing to pay one-half the cost of medical care if the Federal Government will permit national funds to be used for the purpose on the same basis as such national funds are being used to pay for food, fuel, shelter, and clothing.

(6) Most respectfully, Sir, do we ask that your Government approve the addition of medical care to relief provisions, and that the provinces be so advised at the earliest possible date.

All of which is most respectfully submitted on behalf of the Association by

G. A. B. ADDY
E. S. MOORHEAD
D. S. JOHNSTONE
F. C. NEAL
L. GERIN-LAJOIE
T. C. ROUTLEY.

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The Prime Minister, replying, made the following observations and statements.

(1) While I have every sympathy with the point of view you have expressed, you really have no contact with me; the matters you have presented are strictly the business of the provinces.

(2) I am fully aware of the necessity of proper medical care being provided all people on relief, but must insist that this is an obligation resting upon each Provincial Government.

(3) I am in entire accord with the argument that the medical profession should not be asked to carry the load of providing the necessary medical relief.

(4) I shall advise each province that it should undertake to provide medical care, to pay the cost of same, and in the event of the province doing this and submitting its cost figures to the Federal Government, sympathetic consideration will be given by the Federal Government to sharing the cost of such medical care according to the merits of the case presented by the province.

In the opinion of some members of the delegation, Mr. Bennett implied that the Federal Government would pay part of the cost of medical care where it was shown by a province that it could not afford to pay the cost. Seeing that various provinces have different needs, he would not tie himself to assist by any percentage or proportion of the funds expended.

The Prime Minister advised the Committee that the position of the Federal Government in the matter would be made very clear to each Provincial Government, and, further, that the Canadian Medical Association would be advised as to what was being said to the provinces.

It was pointed out to the Prime Minister that the delegation was under the impression, after conversations with some of the Provincial Governments, that the Federal Government had prohibited the utilization of Federal funds for medical care. The Prime Minister stated that the Federal Government had at no time forbidden the provinces to expend money for medical care, but that the Federal Government had set out specifically that they were supplying funds and had stated that these funds could be utilized in providing food, fuel, shelter and clothing. On the foregoing items the Federal Government has committed itself to a definite proportion of the total cost, but the Federal Government is not prepared to commit itself to any proportion of the cost of medical care as a blanket policy covering the provinces as a whole. It should be repeated, however, that the Federal Government has no desire to see any province disregard its responsibility in respect to medical care, but on the contrary, looks to each province to provide such care, and if the province needs financial aid in respect to medical care the Federal Government will not expect any province to carry the burden in this respect beyond reasonable limitations.

The interview lasted one hour. It was the opinion of the delegation that the Prime Minister of Canada shared completely our point of view with respect to the care of the people and the necessity of the doctor being paid, at least in part, for the services which he must render, but it is up to each province, through its constituted authorities, to discharge this obligation, both to the people and to the doctors, and when this is done, to look to the Federal Government for such assistance as can be proved is needed by the area concerned.

The conference was exceedingly worth-while, and we now feel that the air has been cleared and confusion in the matter can no longer be said to exist.

Report from Alberta

1. **Payment for medical care of indigents.**—At some of the luncheon meetings of the Alberta Medical Association held in September the question of payment of physicians for the care of the indigent sick received much discussion. A resolution was passed in favour of a Dominion-wide campaign by the Canadian Medical Association for assumption by the Dominion Government of the cost of medical relief. The text of this resolution is:

"Whereas under the present economic condition many of our citizens are finding themselves unable to pay for the necessities of life, including medical and allied services; and whereas the various government bodies, municipal, provincial and federal have recognized these conditions, and have acknowledged their responsibility by advancing various forms of relief; and, whereas, in the opinion of this Association, the health of the people is a matter which concerns all these government bodies; and whereas the Dominion Government has accepted certain responsibility for the economic relief of all indigent

peoples of Canada; and, whereas, in the opinion of this Association, the principles underlying the provisions of medical relief are practically identical with those underlying the provisions of economic aid; and, whereas, in the matter of the provision of medical services the medical profession of this province which has already been willing to assume the major share of responsibility for the care of indigent sick, is now finding the burden of so doing exceedingly great;

Be it resolved, that the Alberta Medical Association go on record as endorsing some scheme whereby the medical profession of the province will be assisted in providing adequate medical services for the indigent sick.''

Dr. T. C. Routley had during a meeting on the day prior to this asked for a mandate from the members of our Association on this subject, and this was the result.

Dr. G. D. Stanley, M.P., stated that direct relief had been administered by the provinces, assisted financially by the Dominion. If we undertook to ask the Federal Government to institute a system of paying doctors for medical relief for the people of the various provinces then we would be asking something they cannot do under the constitution; administration belongs exclusively to the provinces. Asking for a portion of the money given for relief already extended is an entirely different thing. The medical problem is exclusively the field of the provinces, and the Dominion cannot enter in. Dominion grants to the provinces may be made under certain conditions, but have no administrative authority.

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2. **Health insurance.**—The Council of the college of Physicians and Surgeons of Alberta will convene district meetings of the medical profession to discuss interim reports of the Provincial Legislature Commission on health insurance, at which representatives of the Council will be present to discuss this subject. Following these meetings a general plebiscite will be taken. While the members of the Council do not approve of state medicine, yet, they are of the opinion that the profession should contribute some worth-while suggestions to the solution of the problem of rendering medical services to all of the people of Alberta. What the future has in store for our profession here no one can foretell. Concerning the present difficult situation in the practice of medicine and all of the details connected with it, the practising physicians are the only ones who have the best knowledge. If the public is well advised they will carefully listen and hold to the advice of those who know. If our physicians are to become civil servants on salary they will have fixed hours of labour. They will be on duty on shifts, or they will be paid overtime. If the state is responsible for the health of the people, will it control the habits of the people, the hours they work, the hours for recreation and for rest?

NOTE.—The Editor of the Canadian Medical Association JOURNAL has arranged to forward to the BULLETIN of the Manitoba Medical Association advance copies of articles dealing with medical economics. He has also kindly consented to allow the BULLETIN to publish copies of these articles. This is being done in order that as many members of the profession as possible may be kept informed as to the progress of events in this field. The above is the first of these contributions.

News Items

— of —

Department of Health and Public Welfare

Scarlet Fever

In April, 1933, Hilda M. Wood reports through the Medical Research Council of Great Britain on scarlet fever in England and Wales since 1900, summarizing as follows:—

1. "The deaths from scarlet fever in England and Wales have notably diminished during the past thirty years, a diminition due essentially to lessened severity of the disease. There is a suggestion that the death rate from scarlet fever in England and Wales has nearly reached the lowest level. This is equally the case whether the deaths relate to the total population or to children under fifteen years of age. The previous history of the disease, however, is a warning against optimism with regard to the future. The present low level may, for any evidence to the contrary, merely be the trough of a wave.

2. That considerable variation has occurred in the decline of mortality is shown by a study of the disease in four of the largest towns — London, Liverpool, Birmingham and Manchester. In the pre-war period, 1901-1913, relatively the greatest improvement in mortality occurred in Liverpool. Since the war the greatest decline has occurred in Birmingham.

3. During the period studied no evidence has been found to prove that hospital isolation has been effective in reducing the prevalence or mortality from scarlet fever.

4. The spread of scarlet fever has been attributed to various factors such as prevalence of vermin, poor social conditions, low rainfall. The evidence seems to indicate that in London scarlet fever is more prevalent in the over-crowded areas, but over-crowding does not seem to be a universal factor in the spread of the disease. In Birmingham, for example, the greatest incidence is among the better class artisan dweller, while in Glasgow as overcrowding increases the attack rate tends to decrease. In London there is a significant association between wet years and low prevalence of scarlet fever, but no such association obtains in either Liverpool, Manchester or Birmingham.

5. While the absolute mortality from scarlet fever has fallen at every age, the relative importance of mortality in later life has increased in both sexes.

6. Although scarlet fever has taken a decreasing toll of life during the last thirty years, it has not generally diminished in prevalence.

7. An outstanding feature of a comparison between incidence in 1911-13 and 1927-29 in the geographical areas of England and Wales is the heavy fall in Wales.

8. Considerable local difference has been found in the age incidence of scarlet fever. They show how fallacious conclusions with regard to age incidence might be if based on one area only or for one period only. It is not possible to say at which age the maximum attack-rate occurs generally, but in London (1930-1) and Manchester (1896-1929) the peak of incidence was at the age of five years, the age of compulsory school attendance.

9. Seasonal incidence is more concentrated on late autumn and winter than formerly, with a reduction in prevalence in the spring and summer months.

10. Actual case fatality rates have been calculated from hospital data for 1895-1914. The greatest risk from death was under one year of age, although the chance of an attack is lowest among infants. The April cases had the highest fatality in 1905-14."

Generally speaking these findings apply to the scarlet fever situation here. The disease has for some time been of a comparatively mild character, and this fact in many instances facilitates the spread of infection. This lack of severity in the disease is probably not universal, as in Poland and Roumania the case fatality is over six times that in Manitoba.

Incidence appears to be at about its lowest ebb for years, but indications are that an increase in the morbidity may be expected. The greatest number of cases regularly occurs during November and December, and already this fall the reports have been more numerous than usual.

AGE DISTRIBUTION OF CASES AND DEATHS FROM SCARLET FEVER

Age	Cases Percentage	Deaths Percentage
0- 4	18%	49%
5- 9	39%	23%
9-14	20%	4%
Over 15	23%	24%

Problem: Although scarlet fever is not to be especially dreaded as a killing disease, having in recent years a death rate of considerably less than 2.0 per 100,000 of the population, there are other factors arising out of this disease which deserve serious consideration.

1. **Complications,** in the order of their frequency as reported by several isolation hospitals: adenitis, ottitis media, arthritis, sinusitis, mastoiditis, carditis and nephritis.

2. **Economic**: The lengthy character of the disease may tie up households, preventing employment and keeping children from school for long periods and, if cases are treated in hospital, it means a prolonged and expensive sojourn.

In so far as can be learned, probably seventy-five per cent of the scarlet fever cases arising in Greater Winnipeg are treated in hospital, and for the last twelve months for which figures are available, scarlet fever cases accounted for over 11,600 hospital days, which, at the very lowest calculation, means a cost of $23,000.00, or in the neighbourhood of $70.00 per patient.

Control: Besides the usual requirements of early diagnosis, quarantine and isolation, more active measures can be undertaken to control this disease.

The Dick test will indicate those who are susceptible. In carrying out this test the following suggestions are made by Drs. George and Gladys Dick:

Have properly functioning needles and syringes.
Do *not* sterilize in alcohol.
Water in needle must be expelled and replaced by toxin.
Always boil needles and syringes in distilled water.
Estimate amount of skin test solution by graduations on the syringe and not by the size of the wheal.
Inject intracutaneously.
Reaction to be observed between 18 and 24 hours.
Slightest reddening of skin if 10 m.m. in diameter is positive.

Dick test material is put up in ampules with sufficient to test ten individuals. If the whole amount is not used at one time the remainder should be discarded.

Contacts of scarlet fever who are non-immunes may be protected from the disease for about ten days by a prophylactic dose of scarlet fever antitoxin. This protection is of a very temporary nature and in some instances may meet requirements, but usually a more permanent protection is required, which may be achieved by following up the passive immunization with active immunization, giving the first dose of scarlet fever toxin seven or eight days after the prophylactic antitoxin, and continuing the toxin at weekly intervals for five doses.

The use of such methods may, under many circumstances, abolish the lengthy isolation periods for contacts of scarlet fever and reduce to a minimum their chances of contracting the disease.

For several years scarlet fever toxin as an immunizing agent has been used in hospitals on this continent and in Europe with excellent results.

The Dicks (1929) state that they have not seen a case of scarlet fever occur in 20,865 "Dick" negatives, nor among 11,584 "Dick" positives who were immunized, and the belief now appears to be generally accepted that no scarlet fever should occur among those who have been effectively treated and become "Dick" negative.

A disease which, according to cases reported now, attacks one person out of every 750 of the general population of the Province of Manitoba, and is accountable for the deaths of less than 2 persons in every 100,000 of our population cannot be considered as a great menace, particularly when compared to other infectious diseases, but when consideration is given to the fact that such a large majority of cases develop serious complications there is justification for making every attempt to prevent this disease. —C. R. D.

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COMMUNICABLE DISEASES REPORTED

Urban and Rural : October, 1933

Occurring in the Municipalities of:—

Chickenpox: TOTAL 189—Winnipeg 117, Kildonan East 44, Brandon 10, St. James 8, St. Boniface 4, Unorganized 3, Rosser 1, Stonewall 1. Late reported: Birch River, Unorganized 1.

Whooping Cough: TOTAL 118—Winnipeg 57, Springfield 14, St. Vital 11, St. Paul West 7, St. Clements 4, Dauphin Town 2, Rosser 2, Kildonan West 1. Late reported: Selkirk 10, St. Andrew's 2, Unorganized 8.

Scarlet Fever: TOTAL 85—Winnipeg 27, Woodlands 7, Franklin 5, Selkirk 4, Unorganized 4, Rockwood 3, Stonewall 3, St. Clements 3, St. Vital 3, Whitemouth 3, Argyle 2, Dauphin Rural 2, Kildonan East 2, North Norfolk 2, Rosser 2, Strathclair 2, Dauphin Town 1, Gimli Town 1, Swan River Town 1, St. Anne 1, St. James 1, St. Paul East 1, Virden 1. Late reported, August: St. Boniface 1; September: St. Boniface 1, St. Clements 1, St. Vital 1.

Diphtheria: TOTAL 60—Winnipeg 37, Morden 3, Strathclair 7, Stanley 2, St. Andrews 2, Brooklands 1, Lawrence 1, Rockwood 1, Strathcona 1, Tuxedo 1, Unorganized 1. Late reported, August: St. Boniface 1; September: Morden 1, St. James 1.

Tuberculosis: TOTAL 15—Winnipeg 3, Brooklands 2, Unorganized 2, Birtle Town 1, Dufferin 1, Gimli 1, Morris Rural 1, Strathclair 1, Swan River Rural 1, The Pas 1, Woodworth 1.

Mumps: TOTAL 12—Winnipeg 5, Fort Garry 3, Brandon 1, Ethelbert 1, St. Vital 1, St. Boniface 1.

Typhoid Fever: TOTAL 10—Unorganized 2, Boulton 1, Dauphin Town 1, Hanover 1, Montcalm 1, Shellmouth 1. Late reported, July: Morris Rural 1; September: Dauphin Rural 1, Dauphin Town 1.

Septic Sore Throat: TOTAL 3—Brandon 3.

Anterior Poliomyelitis: TOTAL 2—Pilot Mound Village 1. Late reported, August: Grey 1.

Cerebrospinal Meningitis: TOTAL 1—Winnipeg 1.

Erysipelas: TOTAL 3—Winnipeg 2, Selkirk 1.

Influenza: TOTAL 1—Winnipeg 1.

Lethargic Encephalitis: TOTAL 1—Late reported, September: Mossey River 1.

Measles: TOTAL 5—Winnipeg 2, Unorganized 2. Late reported, September: Russell Town 1.

Puerperal Fever: TOTAL 1—Late reported, August: Morris Town 1.

Trachoma: TOTAL 1—Late reported, September: St. Andrews 1.

Diphtheria Carriers: TOTAL 8—Winnipeg 5, Rosser 2, St. James 1.

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DEATHS FROM ALL CAUSES IN MANITOBA

For Month of August : 1933

URBAN—Cancer 29, Tuberculosis 12, Pneumonia (all forms) 4, Diphtheria 2, Puerperal 2, Whooping Cough 2, Influenza 1, Typhoid Fever 1, Poliomyelitis 1, all other causes under one year, not included elsewhere 13, all other causes 108, Stillbirths 15. TOTAL 190.

RURAL—Cancer 27, Tuberculosis 17, Pneumonia (all forms) 6, Influenza 1, Puerperal 1, Whooping Cough 1, all other causes under one year, not included elsewhere 34, all other causes 142, Stillbirths 13. TOTAL 242.

INDIANS—Tuberculosis 7, Pneumonia (all forms) 2, Puerperal 1, all other causes under one year, not included elsewhere 1, all other causes 1, Stillbirths 1. TOTAL 13.

NOTICE

The American Association for the Study of Goiter, for the fifth time, offers Three Hundred Dollars ($300.00) as a first award, and two honorable mentions for the best essays based upon original research work on any phase of goiter presented at their annual meeting in Cleveland, Ohio, June 7th, 8th and 9th, 1934. It is hoped this will stimulate valuable research work, especially in regard to the basic cause of goiter.

Competing manuscripts must be in English, and submitted to the Corresponding Secretary, J. R. YUNG, M.D., 670 Cherry St., Terre Haute, Ind., U.S.A., not later than April 1st, 1934. Manuscripts received after this date will be held for the next year or returned at the author's request.

This competition is open to Canadian medical men.

Dr. Douglas Wallace, of Winnipeg, is now doing post-graduate work in Chicago.

Western Canada Medical History

by Ross Mitchell

First White Child in the North-West

The following extract is from the journal of Alexander Henry, the younger, as edited by Elliott Coues. Alexander Henry was a nephew of an older fur trader and writer of the same name, and the period covered in the journal is from 1799 to 1814. One of the partners in the North-West Fur Company, he set down from day to day the incidents in his life as a trader over a territory ranging from Fort William westward to the Pacific Ocean and southward as far as the Missouri river. He was drowned in May, 1814, while attempting to cross the bar at the mouth of the Columbia River.

In the self-revealing detail of his journal Henry shows himself as a man who became disillusioned and allowed himself to sink to the level of those with whom he came in contact. Coues states justly that the journal may not be of the heroic order; but it mirrors life in a way Mr. Samuel Pepys might envy could he compare his inimicable diary with this curious companion piece of causerie and perceive that "he who goes over the sea may change his sky, not his mind."

"Aug. 31, 1807 — I arrived at Panbian (Pembina) in thirty days from Fort William, alias Kamanistiquia, leaving an establishment at Rivière aux Morts (Netley Creek) and gave up Portage la Prairie to the Upper Red River Department. . . . . .

Sept. 12 — Two H.B. Co. boats arrived from Albany Factory; Hugh Heney, Master. . . . . .

Dec. 29th — An extraordinary affair occurred this morning. One of Mr. Heney's Orkney lads, apparently indisposed, requested me to allow him to remain in my house for a short time. I was surprised at the fellow's demand; however, I told him to sit down and warm himself. I returned to my own room, where I had not been long before he sent one of my people,

requesting the favor of speaking with me. Accordingly I stepped down to him, and was much surprised to find him extended on the hearth, uttering dreadful lamentations; he stretched out his hands toward me, and in piteous tones begged me to be kind to a poor, helpless, abandoned wretch, who was not of the sex I had supposed, but an unfortunate Orkney girl, pregnant, and actually in childbirth. In saying this she opened her jacket, and displayed a pair of beautiful, round, white breasts; she further informed me of the circumstances that had brought her into this state. The man who had debauched her in the Orkneys, two years ago, was wintering at Grandes Fourches (Grand Forks, N.D.). In about an hour she was safely delivered of a fine boy, and that same day she was conveyed home in my cariole, where she soon recovered."

C. N. Bell had an interesting note concerning this case, Trans. Hist. and Sci. Soc. Manitoba, No. 37, 1889, p. 18: "The late Mr. Donald Murray informed me that the history of this girl was well known to him and others of the early Selkirk settlers. She was at James Bay for two years, and then at Brandon House on the Assiniboine, for some time, and was afterwards sent to the H. B. Co.'s post at Pembina. It has been claimed that the first white woman who arrived in the Red River country was a French Canadian, Madame Lajimonière who came to the Northwest from Three Rivers, Quebec, in 1806, but from the evidence obtained from Henry's journal, and verbal statements of Mr. Donald Murray, there can be no doubt but that this Orkney girl had been here at least a year when Madame Lagimonière arrived. Concealing her true sex for three or four years, it was only revealed to one man, John Scart, until after the birth of her child, in December, 1807. She was sent home to the Orkneys, and I am informed became, with her daughter, public characters, and were known as vagrants, under the name of the 'Norwesters.' Mr. Murray stated "this was undoubtedly the first white woman who lived in the Red River country. I knew both Baptiste Lajimonière and his wife, but never before heard that it was claimed that she was the first white woman in this country.'" On the same subject, compare Tanner, p. 200: "The Scots people to the number of 100 or more, arrived to settle at Red River, under the protection of the Hudson's Bay Company, and among these I saw, for the first time in many years, since I had become a man, a white woman." The birth our author records is no doubt that of the first all-white child on Red River.

‡ ‡ ‡ ‡

Forty Five Years Ago—October 23, 1888

At a general meeting of the students of the Manitoba Medical College, the football club was re-organized and the following officers elected: Hon. President, Dr. Good, Dean of the Faculty; President, A. B. Stewart; Vice-President, J. O. Todd; Captain, X. McPhillips; Secretary, F. F. Wesbrook; Treasurer, M. S. Fraser.—*Manitoba Free Press.*

‡ ‡ ‡ ‡

Forty Years Ago—November 14, 1893

Dr. R. M. Simpson had taken into partnership with him Dr. E. Montgomery, the most distinguished of the later graduates from Manitoba Medical College, and who had been practising for a year in Melita, Man.—*Free Press.*

‡ ‡ ‡ ‡

Thirty Years Ago—September 26, 1903

Dr. R. J. Crawford had established in Winnipeg, in a large house at 382 Hargrave Street, a model and up-to-date sanitarium, with accommodation

for about 20 patients; this institution was regarded as filling a long-felt want. —*Manitoba Free Press.*

‡ ‡ ‡ ‡

Thirty Years Ago—November 2, 1903

Winnipeg medical students presented an illuminated address to Dr. H. H. Chown, Dean of the Faculty of Medicine, upon Dr. Chown's receipt of the degree of LL.D. from his alma mater, Queen's University. — *Manitoba Free Press.*

‡ ‡ ‡ ‡

Twenty-Five Years Ago—October 7, 1908

Medical men in Winnipeg decided to form an association; it was to be known as the Manitoba Medical Association, and was to number about 400 members from all over the province; prominent on the committees were, among others: Drs. Galloway, Todd, McKenty, Bond, Vrooman, Chown, Harvey Smith, Prowse and Rogers.—*Manitoba Free Press.*

‡ ‡ ‡ ‡

Twenty-Five Years Ago—November 1, 1908

Judge Mathers and Dr. J. R. Jones, members of the Winnipeg Hospital Commission, reported that Winnipeg hospitals compared very favorably with those in the east and south.—*Manitoba Free Press.*

"You will find that fatigue has a larger share in the promotion or transmission of disease than any other single causal condition you can name."—Sir James Paget.

The Leader of the Agitators

It is suggested that all the trouble is caused by a few agitators among the members of the medical profession. (Recent Press report).

I

SAID the Russian Authorities,
And Soviet-Creators,
"To promulgate our doctrines
We must find us agitators;
So Hi, ye forth, ye bolshevisks,
To Central Manitoba
And see if you can find one there
Who'll help us put this over.

II

The Moscovites right gleefully
Their loin clothes they up-girded,
And reached the Town of Winnipeg
Where communists are herded.
And scattering through the byways
They sought the man they're seeking,
Namely, one of reddish blood
Who governed by his speaking.

III

They delv'd into the labour halls,
Professions, too, they cover
But could not find the one whom they
Were struggling to discover.
They combed the Communistic reds
But turned away disgusted,
For not a man among them found
Whom they could feel they trusted.

IV

Then came one, speaking to them said,
"Behold, to you I've brought,
The very sect for which you have
So diligently sought.
They're lower than the Communists
They're redder than the Reds,
Their darkly deeds they perpetrate
On those confined to bed."

V

Their leader is the man ye seek,
He's sprung from Irish birth
And towers in his stocking feet
Full six feet from the earth.
His voice is as the lion's roar
A tiger's his aggression,
And following him's that gangster gang,
The Medical Profession."

VI

The vulture soaring on his wing
Is better loved than he—
This one who cloaks his crimes behind
His Medical Degree.
Who is this one? His name to you
I scarcely dare disclose.
But your King of Agitators
Is the Prince of Medicos!"

—Contributed.

Medical Library of the University of Manitoba

A summary of the contents of some of the journals available for practitioners submitted by the Faculty of Medicine of the University of Manitoba. Compiled by T. E. Holland, B.Sc., M.D. (Man.), F.R.C.S. (Edin.).

This issue contains a number of good articles, among which are the following:—

THE CLINICAL JOURNAL, October, 1933.

"Whooping Cough in Old Age"—by Arthur J. Hall, M.A., M.D., F.R.C.P., Consulting Physician, Royal Hospital, Sheffield.

—A description of cases which (1) have never been immune and have only escaped earlier in life from lack of exposure to infection, or (2) which have been naturally immune throughout the greater part of childhood and adult life, but have lost this natural immunity in old age. An interesting feature is the rupture of muscles during paroxysms, thought to be due to greater fragility of muscles of old people.

"Injuries in the Region of the Elbow Joint"—by R. Broomhead, F.R.C.S., Honorary Assistant Surgeon, Orthopædic Department, General Infirmary, Leeds.

—A comprehensive survey of the subject, giving full details of treatment.

"Atypical Forms of Acute Mastoiditis"—by N. Asherson, M.A., M.B., B.S., F.R.C.S., Assistant Surgeon to the Central London Throat, Nose and Ear Hospital.

"Pyuria"—by Alex. E. Roche, M.A., M.D., M.Ch., F.R.C.S., Assistant Genito-Urinary Surgeon, West London Hospital.

"Some Points in Treatment"—by Thos. Hunt, M.D., M.R.C.P., Physician to the Out-Patients, St. Mary's Hospital.

—Discussing "Iron in Anaemia," "Diuretics," "Hypertonic Glucose" and "Iodine in Graves' Disease."

"Hæmoptysis and Its Treatment"—by Vincent Norman, M.D., M.R.C.P. (Lond.).

"Parathyroid Osteodystrophy (Osteitis Fibrosa)"—by J. W. Struthers, M.B., F.R.C.S. (Edin.), Surgeon, Royal Infirmary, Edinburgh.

"The Treatment of Acute Gonorrhoea, with Special Reference to the Prevention of Complications in the Female"—by Gladys M. Sandes, F.R.C.S. (Eng.), Surgeon to the London Lock Hospital.

EDINBURGH MEDICAL JOURNAL, October, 1933.

"A Study of the Lymphogranulomata"—by John Fraser, Regius Professor of Clinical Surgery, University of Edinburgh, and Eric C. Mekie, Tutor in Clinical Surgery.

—A very extensive study of Hodgkin's Disease, dealing with the clinical and pathological aspects of the conditions.

THE CANADIAN MEDICAL ASSOCIATION JOURNAL, October, 1933.

"Pulmonary Tuberculosis in Childhood"—by Bruce Chown, M.D., and Harry Medovy, M.D., Winnipeg.

"The Fourth Listerian Oration"—by Robert Muir, M.D., LL.D., F.R.S., Professor of Pathology, University of Glasgow.

—Delivered at the Sixty-Fourth Annual Meeting of the Canadian Medical Association at Saint John, N.B., June 21st, 1933.

"Hemiplegia Due to Tuberculosis of the Corpus Callosum"—by L. C. Montgomery, M.D., Montreal.

"Psychiatry in General Practice"—by G. H. Stevenson, M.B., Superintendent, Ontario Hospital, Whitby, Ontario.

—Dr. Stevenson writes, "It is estimated that seventy-five per cent of general practice is wholly or partially psychiatric, and you are all aware, as you review the patients in your practice, that the personality features of each individual either complicate the particular illness for which you are treating him, or become the outstanding feature of his illness."

THE PRACTITIONER, October, 1933.

This issue is devoted to "Modern Treatment in General Practice," and contains the following articles:—

"The Present Day Therapy of Nervous Disorders in General Practice" — by Edwin Bramwell, M.D., F.R.C.P.

"Some Hints on the Modern Treatment of Mental Illness"—by T. S. Good, O.B.E., M.A., M.R.C.S.

"The Modern Treatment of Some Gastric and Intestinal Disorders"—by Arthur F. Hurst, M.A., M.D., F.R.C.P.

"The Modern Treatment of Diabetes"—by George Graham, M.D., F.R.C.P.

"Recent Views on the Treatment of Diseases of the Lung and Pleura" — by A. J. Scott Pinchin, M.D., F.R.C.P., and H. V. Morlock, M.C., M.D., M.R.C.P.

"Artificial Pneumothorax"—by L. S. T. Burrell, M.D., F.R.C.P.

"The Modern Treatment of Diseases of the Heart" — by Curtis Bain, D.M., M.R.C.P.

"The Modern Treatment of the Anæmias" — by John F. Wilkinson, M.D., M.R.C.P., Ph.D., M.Sc.

"Modern Methods in the Treatment of Nephritis"—by Clifford Hoyle, M.D., M.R.C.P.

"Advances in Gynæcological Treatment"—by Aleck Bourne, M.A., M.B., B.Ch., F.R.C.S., F.C.O.G.

"The Modern Treatment of Venereal Diseases"—by L. W. Harrison, D.S.O., M.B., Ch.B., F.R.C.P.

"Modern Methods in the Treatment of Chronic Arthritis"—by Vincent Coates, M.C., M.A., M.D., M.R.C.P.

"Modern Methods of Treatment in Ophthalmology"—by Sir Hewart Duke-Elder, M.A., D.Sc., Ph.D., F.R.C.S.

"Some Modern Tendencies in the Treatment of Diseases of the Skin" — by Henry C. Semon, M.D., M.R.C.P.

"Modern Methods of Treatment in Oto-Laryngology"—by R. Scott Stevenson, M.D., Ch.B., F.R.C.S.

"The Uses of Radium"—by Roy Ward, M.B., M.R.C.S.

"Modern Methods of Electrical Treatment" — by E. P. Cumberbatch, B.M. F.R.C.P.

THE AMERICAN JOURNAL OF SURGERY, October, 1933.

"Cholecystectomy and Cholecystostomy in Acute Suppurative and Gangrenous Cholecystitis"—by Gerald H. Pratt, M.D., Philadelphia.

"Gall-Bladder Disease"--One Thousand End-Results — by Russell S. Fowler, M.D., F.A.C.S., Brooklyn, N.Y.

"The X-Ray Gall Bladder"--A Surgical Opinion — by V. C. Burden, M.D., Philadelphia.

—An attempt to correlate the findings of cholecystography with disease of the gall bladder on the basis of the normal and abnormal physiology of the biliary tract.

ANNALS OF INTERNAL MEDICINE, October, 1933.

"Evaluation of Therapy in Chronic Atrophic Arthritis"—by W. Paul Holbrook, M.D., F.A.C.P., Tucson, Arizona.

—A discussion of results of treatment in 300 cases.

"Collapse Therapy of Bronchiectasis"—by E. Rist, M.D., Paris, France.

—A plea for early diagnosis of bronchiectasis and a description of beneficial results obtained in a fairly large proportion of cases by collapse therapy.

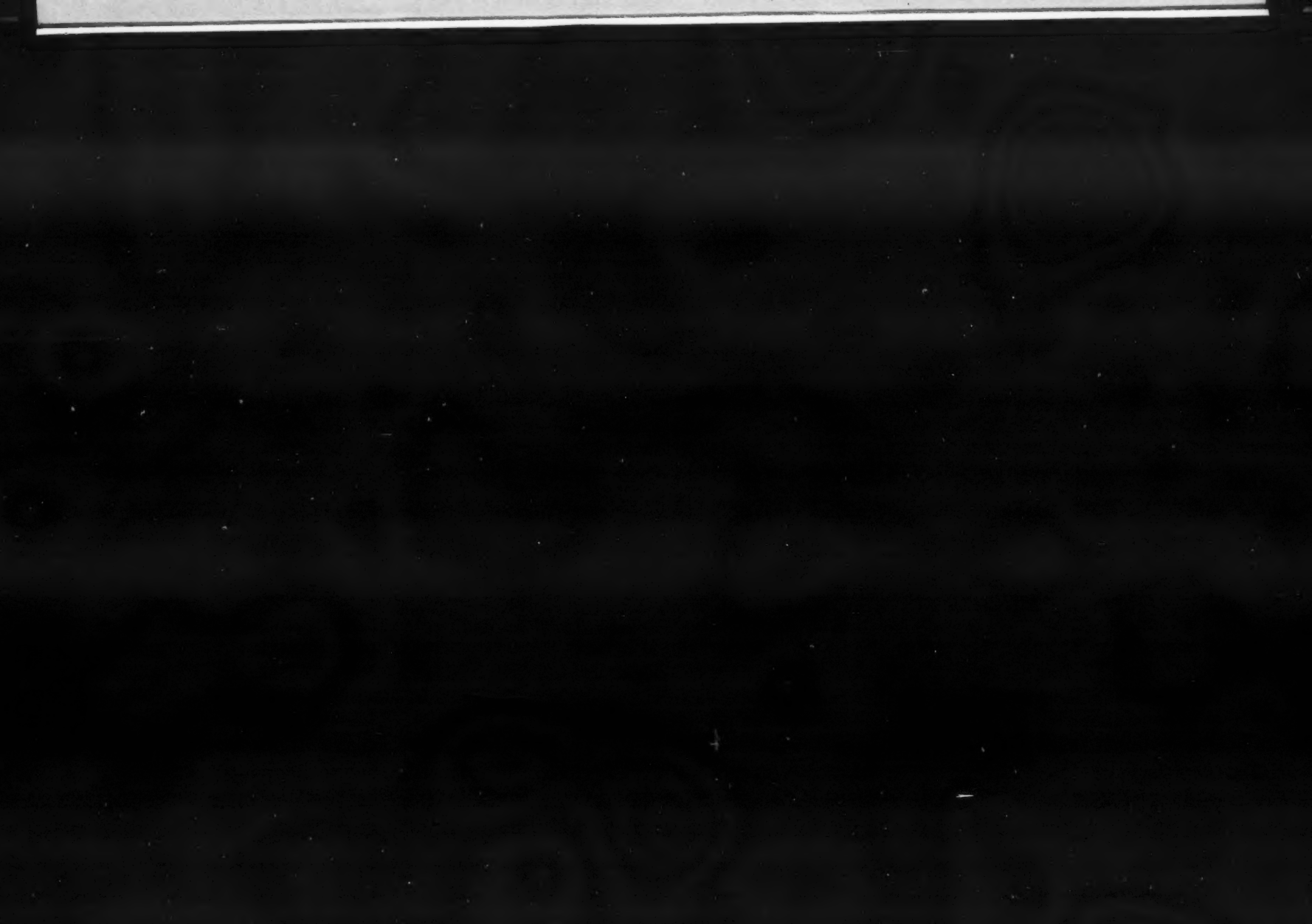
"The Indications for Collapse Therapy in Pulmonary Tuberculosis"—by I. D. Bronfin, M.D., F.A.C.P., Denver, Colorado.

—Artificial pneumothorax, pneumolysis, phrenicectomy and thoracoplasty are all discussed as to indications and results.

Winnipeg General Hospital

The Annual Meeting of the Honorary Attending Staff will be held in the Board Room at the Hospital on Thursday, November 30th, 1933, at 1.00 p.m., for the election of officers and the transaction of routine business. Lunch at 12.15 p.m.

C. R. GILMOUR,
Chairman.



Clinical Meetings

At Brandon General Hospital—
2nd Wednesday at 12.30 p.m.

At Brandon Hospital for Mental Diseases—
Last Thursday. Supper at 6.30 p.m.
Clinical Session at 7.30 p.m.

At Children's Hospital—
1st Wednesday.
Luncheon at 12.30 noon.
Ward Rounds 11.30 a.m. each Thursday.

At Grace Hospital—
3rd Tuesday.
Luncheon at 12.30 p.m.
Discussion of Obstetrical Cases will form a large part of the clinical hour.

At Misericordia Hospital—
2nd Tuesday at 12.30 p.m.

At St. Boniface Hospital—
2nd and 4th Thursdays.
Luncheon at 12.30. Meeting at 1.00 p.m.
Ward Rounds 11.00 a.m. each Tuesday.

At St. Joseph's Hospital—
4th Tuesday.
Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.

At Victoria Hospital—
4th Friday.
Luncheon at 12.00. Meeting at 1.00 p.m.

At Winnipeg General Hospital—
1st and 3rd Thursdays.
Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.
Ward Rounds 10.00 a.m. each Thursday.
Pathological Conference at Medical College at 9.00 a.m. Saturday during College Term.

Winnipeg Medical Society—
3rd Friday, Medical College, at 8.15 p.m.
Session: September to May.

Eye, Ear, Nose and Throat Section—
1st Monday at 8.15 p.m., at 101 Medical Arts Building.

How Much Sun Does the Infant Really Get? ◆

Not very much: (1) When the baby is bundled to protect against weather or (2) when shaded to protect against glare or (3) when the sun does not shine for days at a time. Mead's 10 D Cod Liver Oil with Viosterol offers protection against rickets 365¼ days in the year, in measurable potency and in controllable dosage. *Use the sun, too.*

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